

Health Homes Herald

October, 2014

Volume 2, Issue 1

Helping people live healthier lives by integrating and coordinating services and supports to treat the “whole-person” across the lifespan.

Health Homes: Making a Positive Difference!

Our first Health Home success story comes to us from the Mirror, Inc. Health Home Partner. Staff at Mirror wrote to us that they have been working with a member who has housing and severe substance abuse issues.

This member had been in residential Substance Use Disorder treatment services at Mirror in Topeka for several months yet was still facing the possibility of leaving the program homeless.

In their role as a Health Home Partner, Mirror, Inc. collaborated with Valeo and Cornerstone staff who were able to work together to get the member safe housing.

Currently, this member is successfully staying sober and is not homeless because of the services received through the Health Home.

Additionally Mirror, as the Health Home Partner, helped the member set up a medication reminder alarm system since remembering when to take medication was one area that had been causing the member to struggle.

With help from the Health Home and others, this member has also been attending all scheduled appointments and is now taking medications on a regular basis.

The State staff were delighted to hear of this success story! This example of teamwork across agencies and creative problem-solving deserves praise. Job well done!

As the Health Homes program gets up and running, we will do our best to share these successes with our readers. If you have a success story that you'd like us to feature in the Health Homes Herald, please contact:

Samantha Ferencik
Email: sferencik@kdheks.gov
Phone: (785) 296-8001

Table of Contents

Information for:

Consumers	2
Providers/ Partners	3
Special Note	4

Upcoming News and Events

- Health Action Plan Learning Series Webinar — Oct. 21, 2014
- Learning Collaborative Meeting — Oct. 24, 2014
- Learning Collaborative Webinar — Nov. 4, 2014
- Weekly SMI Implementation Calls — Thursdays at 10:00 am

Questions?

Email: healthhomes@kdheks.gov

Phone: 1-785-296-3981



Consumers' Frequently Asked Questions

I am in an SMI Health Home now but I will qualify for Chronic Conditions Health Homes too. Can I be in both?

No. You will only be in one Health Home at a time. But being eligible for both target populations may mean that you have more Health Home choices. Talk to your MCO if you would like information about how your choices may change once the Chronic Conditions Health Homes begin.

If you have other questions or would like to learn more about Health Homes please call Samantha Ferencik:

Email: sferencik@kdheks.gov

Phone: (785) 296-8001

Update from Wichita State University Center for Community Support & Research

The WSU Center for Community Support & Research is providing two types of learning opportunities for contracted Health Home Providers!

The Health Homes Learning Collaborative is an opportunity for administrators and managers within contracted Health Home Partner organizations to join with professional associations, Lead Entities and State Program leaders to celebrate successes, conquer challenges and build a quality Health Homes system that improves the lives of the individuals and families it serves. Our first in person event is Friday, October 24 in Salina. The next webinar will be on Tuesday, November 4 from 3:00 – 4:00 p.m. Details coming soon!

The Health Action Plan Learning Series is an opportunity for Care Coordinators and Social Workers within contracted Health Home Partners to gain tools and resources for writing quality Health Action Plans with their members. The second installment of the four-part webinar series will be an introduction to Motivational Interviewing presented by Dr. Mary Koehn from the WSU School of Nursing on October 21. Upcoming webinars also include:

November 18 – The 5 “As” of Smoking Cessation

December 16 – Health Literacy

Health Action Plan Community of Practice allows Care Coordinators and Social Workers within contracted Health Home Partners a place to discuss with their peers challenges they face when writing Health Action Plans and strategies to be more effective. The first virtual meeting of this group will be Tuesday, November 4 from 1:00 – 2:00 p.m. Details coming soon!

Pre-registration for all events is required. For more information or to add your name to an invitation list, please contact Vanessa Lohf, Public Health Initiatives Project Specialist at WSU Center for Community Support & Research:

Email: vanessa.lohf@wichita.edu

Phone: (316) 978-5380



SMI HH Providers: Refusal or Discharge Form?

The State has recently become aware of the need to differentiate the proper use of the Refusal Form from the Discharge Form. The forms can usually be distinguished following this logic:

Member has lost HH eligibility and/or is experiencing a catastrophic illness or event that makes it unlikely the member will continue to participate in or benefit from HHs.	Discharge Form
Member has been previously discharged by the HHP with applicable notice in writing provided	Discharge Form
Member poses a danger to him/herself or to the HHP staff	Refusal Form
Member resides outside of the geographic area served by the HHP	Refusal Form
Member's age does not fit within the parameters established by the HHP, e.g. a pediatrician is not required to serve adults	Refusal Form
The HHP has reached its capacity to provide HH services	Refusal Form
The HHP wishes to limit its panel	Refusal Form
Member has refused Health Home services after at least two documented attempts to make contact with the member within a month	Refusal Form

Remember, when you wish to remove a member from your specific HH roster, use the Refusal Form. When the member has lost eligibility, and should therefore be dis-enrolled from the Health Homes Program entirely, use the Discharge Form.

When members refuse HH services and also refuse to complete the Opt Out process, the Refusal Form should be used. This will lead to the member being re-assigned to a second Health Home. Should the member continue to refuse services as well as the Opt Out process, they will be dis-enrolled by the MCO. In cases where the member is deemed to pose a threat the same policy will also be used.

Questions or concerns may be directed to Samantha Ferencik:

Email: sferencik@kdheks.gov

Phone: (785) 296-8001

Chronic Conditions Implementation Calls Transitioning to Training Opportunities

Since our recent Chronic Conditions Implementation Calls have been so brief, we hope to transition our regular call time into a valuable provider training opportunity. These trainings will conclude by 1:00 pm and will provide participants with information on important topics such as the proper use of Health Homes forms, reporting requirements and other topics. Upcoming training topics will be published on the Health Homes website in advance of each call.

Call-in information is available on the Health Homes website. If you need more information, in general, about Health Homes (e.g., what they are, how they work, how to become a Health Home Partner), please visit the KanCare Health Homes website: http://www.kancare.ks.gov/health_home.htm

You may contact Samantha Ferencik if you have additional questions or concerns

Email: sferencik@kdheks.gov

Phone: (785) 296-8001



Study Finds Severely Mentally Ill at Higher Risk of Domestic, Sexual Violence.

People with severe mental illness (SMI) face a sharply increased risk of domestic and sexual violence compared to individuals in the general population, new findings show.

And those with SMI are more likely to attempt suicide after experiencing sexual assault, Dr. Hind Khalifeh of University College London in the UK and her colleagues found.

While rates of domestic and sexual violence against people with SMI are known to be high, how these rates compare to those in the general population is not known, the team notes in their report.

To investigate, the researchers surveyed 303 psychiatric patients who had been receiving community services for at least a year, and were recruited at random. Results were compared to findings from 22,606 controls who participated in a national crime survey.

Twenty-seven percent of the mentally ill women reported experiencing domestic violence in the past year, versus 9% of women in general population. Among men, rates of domestic violence were 13% and 5%, respectively. Ten percent of women with SMI reported having experienced sexual violence in the past year, versus 2% of the control women.

Domestic violence involved family members for 63% of women with mental illness who had been victims, versus 35% of women in the general population.

Among women who reported a serious sexual assault during adulthood, 53% of those with SMI reported that they had attempted suicide as a result, versus 3.4% of the general population.

"There is evidence from a pilot study that a complex intervention which includes reciprocal training of mental health and domestic

violence sector professionals, and a care pathway with integrated advocacy services, can improve detection and outcomes of domestic violence among psychiatric patients," Dr. Khalifeh and her colleagues note. "Our findings suggest the need to include screening and support for sexual assaults in such interventions."

"Patients with severe mental illness are often not believed by the criminal justice system or often their mental health history is used against them in court," she added.

Also, she noted, domestic violence interventions designed to help people with SMI need to take both partner violence and family violence into account.

For more information please visit: <http://www.medscape.com/viewarticle/831714>

Questions?

If you have questions, or would like more information about Health Homes in Kansas, please contact us. Our page on the KanCare website also contains information about the Health Homes project and documents are being updated regularly.

Phone: 1-785-296-3981

Email: healthhomes@kdheks.gov

Website: http://www.kancare.ks.gov/health_home.htm

